

U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>11017</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2004 Through: 12 / 31 / 2004</b>
3. Name and address of person filing.  Name <b>JOCELYN NEIL</b>  P.O. Box, Bldg., Room No., if any  Street <b>310 W. 43rd STREET</b>  City <b>NEW YORK</b>  State <b>New York</b> ZIP Code + 4 <b>10036</b>	4. Name, file number and address of labor organization.  Name <b>NEW YORK'S HEALTH&amp;HUMAN SERVICE UNION 1199SEIU</b>  Labor Organization File Number <b>031-847</b>  P.O. Box, Building and Room Number, if any  Street <b>310 W. 43rd STREET</b>  City <b>NEW YORK</b>  State <b>New York</b> ZIP Code + 4 <b>10036-6407</b>
5. Position in labor organization. <b>VICE PRESIDENT</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Jocelyn Neil*

On

**8-10-05**

Date

212-261-2363

Telephone Number

Name of Person Filing <b>JOCELYN NEIL</b>		File Number U-
<p><b>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</b></p>		
<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>1199 HOSPITAL LEAGUE PLANNING&amp;PLACEMENT FUND</b></p> <p>Trade Name, if any</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>330 W. 42nd STREET</b></p> <p>City <b>NEW YORK</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>10036</b></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>	
<p><b>10. If 9 b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>PROVIDES INDUSTRY JOB PLANNING AND PLACEMENT SERVICES FOR EMPLOYEES COVERED BY 1199 COLLECTIVE BARGAINING AGREEMENTS</b></p>	
<p><b>11.b. Approximate dollar value of such dealing.</b></p>	<p><b>12.a. Nature of interest held or income received.</b></p> <p><b>AS A TRUSTEE OF THE 1199 HOSPITAL LEAGUE HEALTH CARE INDUSTRY PLANNING AND PLACEMENT FUND, I ATTENDED A CONFERENCE FOR WHICH I RECEIVED TRAVEL, LODGING AND OTHER CONFERENCE-RELATED EXPENSES</b></p>	
<p><b>12.b. Amount.</b></p>	<p><b>\$1,134</b></p>	
<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>		
<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14.a. Nature of payment.</b></p>	
<p><b>13 b. Is the Business an Employer or Consultant ?</b></p>	<p><b>14.b. Amount of payment.</b></p>	